

Industrial Hygiene and Sanitation.

Compensation Bill for Government Employees Now a Law.—The Kern-McGillicuddy bill providing compensation for civilian employees of the federal government who are injured while at work, and adequate compensation for their families in case of death of the employees, was passed by the senate on August 20.

The bill, in the case of permanent total disability of an employee, would grant a pension of 66⅔ per cent. of his salary during life. In the case of temporary total disability the bill would grant 66⅔ per cent. of the loss in earning capacity to the employee. In the case of temporary partial disability the bill would grant to the employee 66⅓ per cent. of loss in earning capacity.

In the event of the death of an employee while on duty the bill grants from 20 to 66⅔ per cent. of the salary of the employee, according to the number of dependents of the employee. This aid continues until the widow dies or remarries and until the children are sixteen years old.

Provision is made in the bill for medical attendance of injured employees. It is believed that such provision will prevent protracted compensation payments. Compensation is to be paid to the employee injured after a period of waiting of three days.

Health Insurance and Degenerative Diseases.—A check upon the increase in degenerative diseases among wage-earners in middle life is found in universal health insurance. Health insurance, it is pointed out in a brief just published in New York by the American Association for Labor Legislation in support of this important piece of social legislation, will bring medical care within the reach of large numbers who are unable to afford this luxury on the present basis of payment. This number, it is estimated, reaches 25 per cent. of the population in a city like Boston. Under health insurance medical care will be paid for in advance on an insurance basis, calling for small weekly contributions. These altered conditions, far from deterring the wage-earner from consulting his physician, when suspicious symptoms appear, will actually encourage him to seek medical

advice. Moreover, these examinations, unlike "physical examinations" for employees as they are conducted today, will result in treatment and continued observation until the sick workman is able to return to work. Aside from this voluntary action of the patient, a periodic physical examination may be developed as one of the regular activities of the democratically controlled health insurance funds. In either case the increased opportunity for early diagnosis, coupled with treatment, may be expected to check the increasing mortality from cancer and degenerative diseases until the average prolongation of life may be as great here as in Prussia, where, under a system of health insurance, there has been a decline instead of an increase in the mortality rates of middle life. Health insurance is a promising weapon with which to fight the premature appearance of the diseases of adult life.

✱

Social Workers Engaged in Mining Camps.—Women trained along medical, social and domestic lines, have been engaged for sociological work in the coal and iron mining camps and the steel plant of the Colorado Fuel and Iron Company.

Dispensary and visiting nurse work will be performed, supplementing the activities of the camp physician and the regular medical department. The nurses will be available whenever needed for illness or emergency operations. They also will visit homes and advise the women on hygiene housekeeping and sanitation.

✱

Six European Nations Now Have Health Insurance for Workers.—In the five years before the present war not less than six European countries adopted compulsory health insurance for wage earners. Thus, populations, totaling some 230,000,000 and including such widely different people as Russians and Dutch, British and Roumanians, Norwegians and Serbs, legislated for health insurance after having seen it in operation in Germany, Austria, Hungary and Luxemburg. State support is also given to health insurance for workers in France, Sweden, Denmark and Switzerland.

These striking facts are made plain in the summer number of the *American Labor Legislation Review*, published by the American Association for Labor Legislation, in which, for the first time in this country is presented a health insurance map of Europe, with a carefully drafted bill for American legislation and an elaborate brief in its support. The map shows that in the course of a few years this new type of social legislation has spread to every civilized, industrial country in the Old World, with a few exceptions, and there are indications that Canada will adopt a similar system at the conclusion of the war.

*

Pennsylvania Sets Pace in Safety Work.—The industrial board of the State Department of Labor and Industries in Pennsylvania has adopted complete working codes of safety standards for the thousands of workers in the textile and electrical industries of the state.

*

Safety Subways.—Large tunnels, permitting the ingress and egress of employees without danger of accident, are being installed in the McDonald Mills at Youngstown, Ohio.

Compulsory Health Insurance in Canada.—Compulsory health insurance for wage-earners, which is now being strongly advocated in this country, is pretty certain to be given a further boost by the adoption of the measure as a plank in the platform of the National Liberal party of Canada, led by Sir Wilfred Laurier.

The new Canadian plan includes maternity benefits. There is considerable expectation that the Conservative party will follow the Liberal lead and that legislation will follow soon after the war.

*

Homes for Munition Workers.—To care for the thousands of men who have come to work in the munition factories, the Bridgeport Chamber of Commerce has organized the Bridgeport Housing Company, with a capital of \$1,000,000, to build homes for workingmen.

*

Warning Against Eye Injuries.—A report recently issued by the Massachusetts State Board of Labor and Industries is authority for the statement that more than 6,000 injuries to the eyes have been reported in the state during the past year.

Personal Notes.

Dr. Donald B. Armstrong has resigned as Director of the Department of Social Welfare of the New York Association for Improving the Condition of the Poor, to become Assistant Secretary and Director of the community tuberculosis experiment of the National Association for the Study and Prevention of Tuberculosis.

*

Mr. W. E. Brown has resigned from the United States Public Health Service to accept a position in the acoustical department of the H. W. Johns-Manville Company of New York City.

*

Dr. J. Howard Beard of Urbana, Ill., has been appointed health officer of the University of Illinois.

*

The following persons were elected to membership in the American Public Health Association:

J. G. Schmidlapp, Cincinnati, Ohio.

Joseph C. Beck, M. D., Chicago, Ill., Physician and Surgeon.

A. J. Lanza, M. D., Butte, Montana, Passed Assistant Surg. U. S. P. H. Service.

Hugo Mueller, M. D., Madison, Wis., Physician, County Health Officer.

Wm. K. Murray, M. D., Chicago, Ill., Physician.

Jacob D. Brook, M. D., Grandville, Mich., Health Officer.

D. W. Crankshaw, M. D., Lawrence, Mich., Village Health Officer.

John R. Hume, M. D., Ph. D., Doniphan, Mo., Physician and Surgeon.

Catherine H. Travis, M. D., Hampton, N. B.

Albert P. O'Leary, M. D., Bigtimber, Mont., Physician.

Henry McC. Burnham, M. D., Moss Point, Miss., Physician and County Health Officer.

Thomas J. Carney, M. D., Alma, Mich., Physician and City Health Officer.